

Frequently Asked Questions



[Healthcare for Workers with Disabilities \(HWD\)](#) - It used to be that people with disabilities could not keep their Medicaid coverage if they went back to work. Under this new program, people with disabilities don't have to choose between their health and their job.

Topics

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General Information

1. What is the Healthcare for Workers with Disabilities (HWD) program?

The Healthcare for Workers with Disabilities (HWD) program recognizes the employment potential of people with disabilities, and represents Washington State's response to the landmark "Ticket to Work" legislation passed by Congress in 1999.

Note: In order to participate in the HWD program, an individual must pay a monthly premium that is based on his/her income. See [Monthly Premium](#) for additional information.

2. What is the Ticket to Work Program?

The "Ticket to Work and Work Incentives Improvement

Act of 1999" (Public Law 106-170) provides States with new options and flexibility to make it possible for people with disabilities to join the workforce without fear of losing their Medicare and Medicaid coverage.

3. What benefits does Ticket to Work make available to people with disabilities?

The Ticket to Work legislation has a section that covers employment and a section that covers health care.

[Title I of the Act](#) established the "Ticket to Work and Self Sufficiency Program." This voluntary program provides improved access to employment training and placement services for people with disabilities who want to work. The program is administered by the Social Security Administration (SSA) and began in Washington State in **November 2003**.

[Title II of the Act](#) established the new optional Medicaid program, which enabled Washington State to implement the HWD Program. The Centers for Medicare and Medicaid Services administers the health care provisions at the federal level. HWD began in Washington State in **January 2002** and is available **now**.

4. How can I get more information about the Ticket to Work and Self-Sufficiency program now?

You can contact MAXIMUS on their toll-free number at **1-866-968-7842** (Voice) or **1866TDD2WORK** (TDD) or view comprehensive information on their web site at <http://www.yourtickettowork.com>.

You can also contact SSA on their toll-free number at **1-800-772-1213** or contact your local SSA office. Comprehensive information is also available on the SSA web site at <http://www.ssa.gov/work>.

5. How will my employment affect my Supplemental Security Income (SSI) or my Social Security Disability Insurance (SSDI) benefit?

You can contact SSA or access the SSA Redbook on Work Incentives at http://www.ssa.gov/work/ResourcesToolkit/redbook_page.html.

If you live outside of King or Kitsap County, you can contact a Benefits Planning Specialist by calling **1-866-497-9443** (Voice) or **1-877-846-0775** (TTY). If you live in

Spokane, you can call **444-3087** (Voice) or **777-0773** (TTY).

If you live in **King County**, you can contact Positive Solutions at **206-322-8181**, or in **Kitsap County** at **360-405-0620** and ask for an intake specialist. You can also access information about their Benefits Resource Center's Planning Assistance at www.psbrc.org/.

6. Does Ticket to Work legislation affect individuals receiving Medicare?

Yes. Ticket to Work extends premium free Medicare Part A benefits to SSDI beneficiaries who lose cash payments because they return to work, effectively extending coverage from 4 to 8½ years. SSA determines whether an individual qualifies for this extension.

Eligibility

1. How do I know if I qualify for the HWD program?

- You must be a Washington State resident;
- You must be at least 16 and under 65 years old;
- You must meet the income requirements – have monthly net income* that does not exceed 220% of the federal poverty level (FPL). This is ~~\$1,707~~ [\\$1755](#) for a single person or ~~\$2,290~~ [\\$2353](#) for a married couple.
- You must meet federal disability requirements; and
- You must be employed full or part time (including self-employment)

Note: Once approved, you must pay your monthly premium to continue to qualify for the HWD program.

2. Which income standard does the department use when determining if I qualify - the one-person or two-person standard?

If you are single, we use the one-person standard.

If you are married, we use either the one-person or two-person standard, depending upon whether we must count your spouse's income. See below for information on whether we must count it and which standard we use when determining if you qualify.

If your spouse's income is equal to or less than ½ of the federal benefit rate (FBR), we do not count it and we use the one-

person standard. (The current FBR amount is ~~\$564~~[\\$579](#)).

- If your spouse's income is more than ½ of the FBR, we count it and use the two-person standard.
- If both you and your spouse apply for HWD, we add your income together and use the two-person standard.

NOTE: If you have children, we will deduct up to ½ of the FBR from your or your spouse's income for each child in the home.

3. What does the department consider as income when determining if I qualify for the HWD program?

When determining if you qualify for HWD, we must use a *net income* standard (220% FPL), which after the deductions described below, is the same as the *gross income* standard (450% FPL), ***if you are no longer receiving unearned income***. Federal regulations require use of a net income standard. See examples below for determining net income.*

We do not count the following amounts as part of your income before comparing it to the 220% FPL limit:

- \$20 from unearned income, e.g., Social Security Disability Insurance (SSDI) benefit, Veterans benefit and pension
- \$65 and ½ the remainder of earned income
- Impairment-related work expenses (IRWE), e.g., expenses that allow you to work
- Other amounts excluded by federal statute

Note: Your financial worker must approve an IRWE before we can deduct it from your income. An IRWE is a service you pay for that Medicaid does not cover, e.g., payment for vehicle modification to accommodate your disability (plus installation, maintenance, and associated repair costs). An IRWE can be either a one-time or an ongoing cost.

*Examples for determining net income:

Example 1 - Unearned income (SSDI) of \$620; Earned income of \$2,065.

Deduct \$20 from \$620 (620 - 20) for a net amount of \$600.

Deduct \$65 from \$2,065, then one-half of the remainder [(2,065 - 65) - 1,000] for a net amount of \$1,000.

Add amounts together to calculate total net income.

In this example, the individual has a net income of \$1,600, which is below the income limit.

Example 2 - No unearned income**; Earned income of \$3,325.

Deduct \$20 and \$65, then one-half the remainder from \$3,325 [(3,325 - 85) - 1,620] for a net amount of \$1,620.

In this example, the individual has a net income amount of \$1,620, which is below the income limit.

**The individual is no longer receiving SSDI because of earnings at or above the "substantial gainful activity" (SGA) level of \$810 (or \$1,350 if statutorily blind) for 3 months after completion of the "Trial Work Period," but continues to meet federal disability requirements.

4. How current does my disability determination have to be?

HWD enrollees must have a current disability determination on file with the Social Security Administration (SSA). If you are receiving SSI or SSDI benefits, you have a current disability determination. If you do not have a current disability determination, your financial worker will help you start the process to obtain one.

Note: If you are referred to SSA for a disability determination for the HWD program, they will not look at whether your earnings exceed the "substantial gainful activity" (SGA) level. For 2003, the monthly SGA amount for statutorily blind individuals is \$1,350. For non-blind individuals, the monthly SGA amount is \$810.

5. What is the definition of employment?

To be eligible for HWD, you must be employed full or part time. Employment means that you are engaged in a reasonable work effort. You must:

- Get paid for working; and

- Have earnings that are subject to federal income tax; and
- Have payroll taxes taken out of your wages, unless you are self-employed. If you are self-employed, you must provide tax forms such as the Internal Revenue Service Schedule SE form and/or legitimate business records.

6. What if I lose my job after enrolling in the HWD program?

You can choose to continue your enrollment in the HWD program through the end of your current certification period (up to 12 months), if:

- Your loss of employment is due to a health crisis or involuntary dismissal; and
- You intend to return to work after the health crisis has passed or continue looking for new employment; and
- You continue paying your monthly premium based on your remaining income.

7. What are the reporting requirements for this program?

You must report changes in your personal status, such as income or employment, to your financial worker within 20 days of the change. Reporting these changes in a timely manner will enable your worker to adjust your premium as quickly as possible. Any change in your premium amount will take effect the first of the following month in which the change is reported and processed.

Application

1. How do I apply for the HWD program?

To apply for HWD, call toll free the number below, according to where you live in the state:

Region 1: 1-866-865-6150 Counties: Adams, Asotin, Chelan, Douglas, Ferry, Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman.

Region 2: 1-877-980-9140 Counties: Benton, Columbia, Franklin, Kittitas, Walla Walla, Yakima.

Region 3: 1-800-827-1808 or 425-438-4973 Counties:

Island, San Juan, Skagit, Snohomish, Whatcom.

Region 4: 206-272-2169 County: King.

Region 5: 1-866-755-4834 or 253-476-7300 Counties:
Kitsap, Pierce.

Region 6: 1-877-980-9180 Counties: Clallam, Clark,
Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason,
Pacific, Skamania, Thurston, Wahkiakum.

2. What if I have other health insurance?

We will ask you about any health insurance you have when completing your application. After your application is approved, you will need to contact the Coordination of Benefits Section at MAA (**1-800-562-6136**) to see if we can pay for the cost of your health insurance. MAA can pay for employer-related and private health insurance for persons who qualify for Medicaid only when it determines it would be cost effective to do so.

Note: You must continue to pay in full your monthly HWD premiums to continue receiving HWD coverage, even if you continue paying for other health insurance benefits.

3. What if I disagree with your decision about my application or any action you take regarding my HWD coverage?

For all benefits administered by DSHS, you will receive written notice of your fair [hearing rights](#) at the time of application, denial, termination, suspension, grant reduction or notification of overpayment. [See [RCW 74.08.090](#)].

Covered Services

1. Will HWD provide all Medicaid services?

HWD provides the same scope of coverage as other Medicaid Categorically Needy (CN) programs. See [CN Scope of Care](#).

Note: HWD does not provide long-term care services (LTC) services. LTC programs provide institutional, waived and hospice services and are described in Chapters 388-513 and 388-515 WAC.

2. Will HWD provide Medicaid coverage to other

members of my family?

No. HWD covers individuals only; it is not family coverage. If more than one family member has a disability, each person with a disability may qualify for HWD, if he/she meets all program requirements.

3. Are mental health services and substance abuse treatment services covered under HWD?

Yes. HWD enrollees may receive mental health services, if they meet medical necessity requirements for such treatment. HWD enrollees may receive substance abuse treatment services, if they meet requirements set by the Division of Alcohol and Substance Abuse (DASA).

HWD enrollees obtain mental health and substance abuse treatment services through the same systems as other Medicaid recipients. Mental health services can be obtained from providers who contract with the local RSN. Substance abuse treatment services can be obtained from providers who contract with DASA.

4. What if a patient wants a medical service not covered under the Medicaid program? Can the doctor (provider) bill the client for this service?

Medicaid policy requires all program participants to sign an agreement to pay for non-covered services prior to services being delivered ([Chapter 388-502 WAC](#)). If you have questions regarding Medicaid scope of care, call the customer service line at **1-800-562-3022**.

5. Will HWD cover medical bills that I had before I apply for HWD?

If you meet all program requirements, you may apply for Medicaid coverage for up to three months prior to the month of application, with the following exception.

Note: If you want to apply for retroactive coverage and have paid providers for services received during those months, you need to talk to those providers before purchasing this coverage. Providers are not required to reimburse you for services that you already paid for, even if you show them a medical ID card for those previous months. Make sure your provider will reimburse you for those services before you purchase retroactive coverage.

Monthly Premium

1. What type and amount of premium will I pay to purchase Medicaid coverage under the HWD program?

We follow a two-step process to determine the amount of your premium, which will be billed to you on a monthly basis.

First, we use the following formula to calculate the monthly premium. We add the following together for a total amount:

- 50% of your unearned income above the Medically Needy Income Level (MNIL); the MNIL is equal to \$571; plus
- 5% of your total unearned income; plus
- 2.5% of your earned income after first deducting \$65

Then we compare that amount to 7.5% of your total income and take the lesser amount.

Example: A person earns \$665 per month and receives \$771 SSDI.

Item	Calculation	Premium
Income		
Monthly earned income	\$665.00	
Monthly unearned income (Social Security)	\$771.00	
Total monthly income	\$1,436.00	
Premium Calculations		
Subtract the MNIL (\$571 \$579) from unearned income (\$771 - \$571 \$579)	\$200.00 \$192.00	
Take 50% of the result (.5 x \$200 = \$100)	\$100.00 \$96	
Include the result as part of your premium		\$100.96 \$96
Take 5% of <u>unearned</u> income (.05 x \$771)	\$38.55	
Include the result as part of your premium		\$38.55
Subtract \$65 from gross <u>earned</u> income (\$665-\$65)	\$600.00	
Take 2.5% of the result (.025 x \$600)	\$15.00	
Include the result as part of your premium		\$15.00
PREMIUM - Step 1		\$153.55

Take 7.5% of total income (.075 x \$1,436)	\$107.70	
PREMIUM - Step 2		\$107.70
Take the lesser amount found in Step 1 and Step 2 & round down		\$107.00
ACTUAL PREMIUM		\$107.00

In this example, you would pay \$107 per month or 7.5% of your total income. When calculating premiums, we do not include cents, so the premium is \$107 per month.

Note: We do not count income of a spouse when determining the HWD premium amount. If two spouses receive HWD, we determine their monthly costs separately.